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NO. 924 P. 5

PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> <b>606612000100</b>	
<b>Application Number</b> 10/006,290		<b>Filed</b> October 22, 2001	
<b>For</b> LEUKOCYTE EXPRESSION PROFILING			
<b>Art Unit</b> 1634		<b>Examiner</b> B. L. Sisson	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<b>Fee</b>	<b>Small Entity Fee</b>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$80
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to		
	Deposit Account Number	03-1952	I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number	38,651
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.	
		Registration number if acting under 37 CFR 1.34	
	<u>Michael R. Ward</u>		July 5, 2007
	Signature		Date
	Michael R. Ward		415/268-6237
	Typed or printed name		Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of	1	Forms are submitted.

I hereby certify that this paper is being transmitted by facsimile to the Patent and Trademark Office, at facsimile no. (571) 273-8100, on the date shown below.

Dated: July 5, 2007

Signature:

(Lilla Olsen)

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